

## City of West Lafayette Rental Housing Certificate

### PROPERTY INFORMATION:

Address of rental property: \_\_\_\_\_

\_\_\_\_\_  
(Please list addresses of all buildings and units if applicable – attach additional sheet if needed)

Total number of units per building: \_\_\_\_\_

I hereby request a Category Number \_\_\_\_\_ Rental License based upon the use and occupancy of this property.

### APPLICANT INFORMATION (Please print):

Owner(s): \_\_\_\_\_  
(If owned by Corporation, please provide additional information on Attachment A)

Owner(s) Permanent Home Address: \_\_\_\_\_  
City, State, Zip code \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone \_\_\_\_\_

Designated Agent: \_\_\_\_\_  
(Please provide agent information on Attachment A. Designated agent is required if owner resides outside of Tippecanoe, Benton, Warren, Fountain, Montgomery, Clinton, Carroll or White Counties)

Resident Agent, individual partner or managing member of any business entity:

\_\_\_\_\_  
(Please provide address and contact information on Attachment A)

\_\_\_\_\_ I permit subletting by tenant(s). Section 117.04(a)(3)

\_\_\_\_\_ I have an Exterior Maintenance Agreement with tenants for this property as it applies to a Category 1, 2, 3, and 4 rental unit – Attachment B

\_\_\_\_\_ I have attached a completed occupancy affidavit – Attachment

I hereby acknowledge that I am required to furnish in writing to the program administrator any change of address of the owner or agent with ten (10) days of the change.

I hereby authorize the program administrator to conduct any inspection under the West Lafayette City Code.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Home Telephone \_\_\_\_\_

Business Telephone: \_\_\_\_\_